

Case Number:	CM15-0014502		
Date Assigned:	02/02/2015	Date of Injury:	10/14/2012
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old male, who sustained an industrial injury on October 14, 2012. He has reported cervical and lumbar back pain. The diagnoses have included lumbar and cervical radiculitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, pain medications and work restrictions. Currently, the IW complains of severe lumbar pain made better by nothing. The injured worker reported an industrial injury in 2012, resulting in chronic, severe cervical and low back pain. On May 2, 2014, evaluation revealed continued pain. A steroid epidural injection was requested. On May 22, 2014, the injured worker received a lumbar 5-sacral 1 epidural steroid injection with use of fluoroscopy and an epidurogram. On August 23, 2014, it was noted acupuncture therapy had slightly decreased the pain. On November 7, 2014, evaluation revealed a reported 60-70% improvement with the last steroid injection however the pain had returned and was rated at 7 out of 10. A referral was made for psychotherapy secondary to increasing depression. On December 30, 2014, Utilization Review non-certified a diclofenac XR tablets 100mg, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 26, 2015, the injured worker submitted an application for IMR for review of requested diclofenac XR tablets 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diclofenac XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Diclofenac

Decision rationale: This patient presents with continued low back pain. The current request is for diclofenac XR 100 mg #60. The MTUS guidelines pages 67 and 68 recommends NSAID as an option for short-term symptomatic relief. However, for diclofenac, ODG guidelines provides a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market according to the authors. This is a significant issue and doctors should avoid diclofenac because that increases the risk by 40%." ODG does not support this medication unless other NSAIDs have failed, and the patient has very low-risk profile. In this case, none of the reports provided for review indicates whether the patient has failed first-line NSAID or not. The requested diclofenac XR is not medically necessary.